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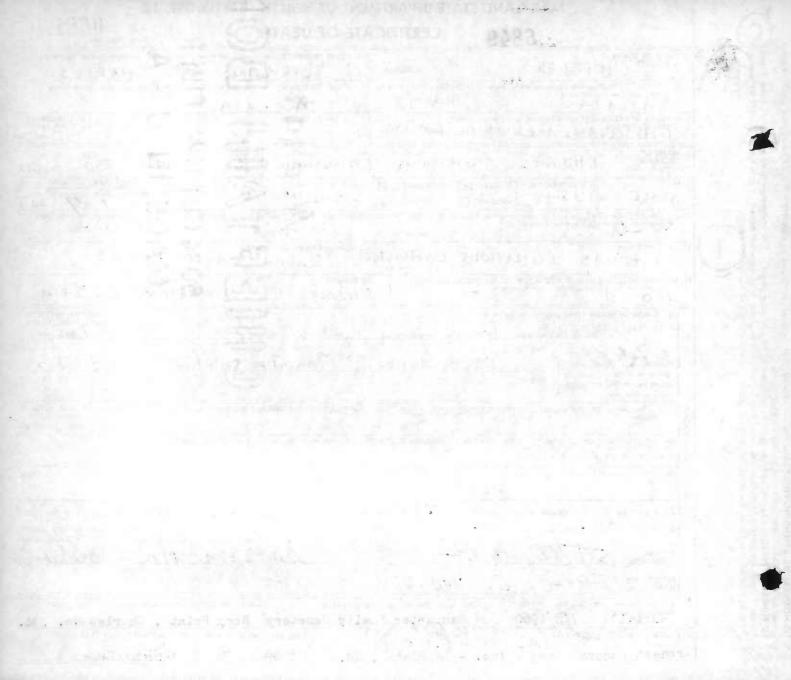
	6	847	CERTIFIC	ATI	E OF DEA	TH		Reg. D	ist. No		6
1. PLACE OF DEA	Charles		MARYLAND		USUAL RESIDENCE o. STATE MO		d lived. If instituti b. COUNTY		nce befo		ion)
RURAL and	OWN (If autside corporate lingive nearest tawn)  nsville	nits, write	c. LENGTH OF STAY IN 15	·   >	c. CITY OR TOWN  Tompki	(If autside carpo		URAL and	give ne	arest tawr	1)
d. NAME OF I OR INSTITU	HOSPITAL (If not in hospital, ITION	give street	address)	1	d. STREET ADDRESS	S					FARM?
3. NAME OF DECEASED (Type or print)		ane	Middle R•	E	utler	4. DATE OF DEATH	June	13	De	-/	Year 19 60
s. sex Female	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	B. D.	Unk	1877	9. AGE (In years lost birthdoy) 83 yrs.	Months Months		Haurs Haurs	R 24 HRS Min.
10a. USUAL OCC during mast Hous ew	UPATION (Give kind af wark of working life, even if retire 11 C	dane 10b. d)	own Home	DUSTRY	11. BIRTHPLACE (SI Maryla		auntry)		S.A	F WHAT C	OUNTRY
John S  13. FATHER'S NAM  John S  15. WAS DECEAS  (Yes, no, or unknown)	Lye ED EVER IN U. S. ARMED FO		SOCIAL SECURITY NO.		Kate Bo		Add	ress			
no. or unknown)	(If yes, give war or dates of		None	Sp	earman Bu	tler, To	ompkinsvi	lle,	Md.		
Conditions gave rise cause (a), s lying cause	ta immediate DUE To a last.	o b) Aur o Art	ngestive Heart Picular Fibril Periosclerotic	lat He	ion art Disea	se.			1 1	set AND 4 hot 4 da; rears	urs ys
CATIC		Arter	riosclerosis a	nd	Senility			EN IN PA	RT 1(o)	19. WAS PERFO	RMED?
20c. TIME OF Hour	p. m. none 19 ify that I attended the 6-2-60  V. B. Detto	No ear 20d. 1. While at whe	ed fram 9-20-59	PLACE foctory, Non-	auses.  OF INJURY (Hame, to, street, office bldg., e., 19, to_curred a 2:30.  Box 188	form, 20f. (City etc.)  Tom: 6-2-60  P_M, fram ADDRESS (S. La PI.:	or town)  pkinsvill , 19,	that I id an the stote)	ast same date	w the destated	ecease d above E SIGNE
23. FUNERAL DIRI	ector's signature itt Funeral Ho		ADDRESS			JUN 2 0 '	TRAR 24b. REGI				

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06818 DICAL EXAMINER'S CERTIFICATE OF DEATH Page 4 shauld be Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If avaide corporate limits, write BURAL c. LENGTH OF STAY IN 16 c., CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give sfreet oddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO NAME OF Middle 4. DATE Day Year DECEASED (Type or print) DEATH 1800 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months Hours Min. WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jara 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (If yes, give wor or dates of service SOR 18. CAUSE OF DEATH | Enter only one couse per line (4), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES & NO T 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. BLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) street, office bldg., etc.) 19 60 of work of work A. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and find that Homicide Undetermined cause deoth resulted from: Naturol couses Accident Suicide ], DATE SIGNED ACTUAL -CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER** UTY MEDICAL EXAMINER NAME (Type) OF CEMETERY OR CREMA 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME 22d. LOCATION (City town or con (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR VS. A15ME(5) arthur S. Kinns DATE JUN 10'60 5M 9/55

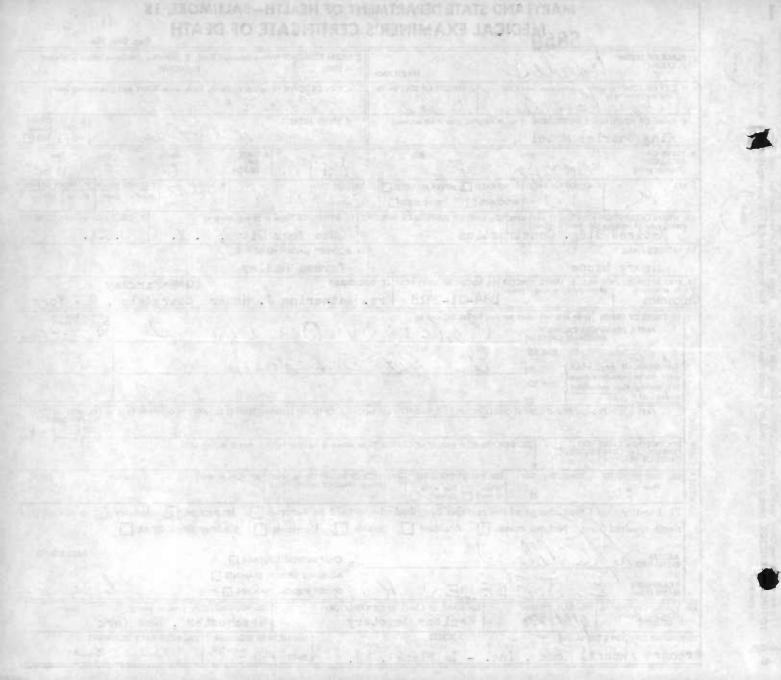
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10	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
(C)_	6849 CERTIFICATE OF DEATH  Reg. Dist. No.
directo	1. PLACE OF DEATH a. COUNTY CHARLES  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY CHARLES  MARYLAND  CHARLES
he funeral	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  RURAL and give nearest tawn)  LAPLATA.
# de 0 66	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ANS MEMORIAL HOSPITAL    d. STREET ADDRESS   e. IS RESIDENCE ON A FARM? YES   NO   1
filled in	3. NAME OF DECEASED THOMAS IGHATIOUS LANCASTER OF DEATH JUNE 30 1960
Po	S. SEX  OCULOR OR RACE  OCULOR
and cample ban papers.	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or fareign country)  12. CITIZEN OF WHAT COUNTRY  13. CITIZEN OF WHAT COUNTRY  14. CITIZEN OF WHAT COUNTRY
io o	THOMAS IGNATIOUS LANGASTER 14. MOTHER'S MAIDEN NAME BARNES
ng physi remav 72 hour	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT  (Yes, ng. op unknown) (If yes, give wor or doles of service)  THOMAS I. LANCASTER, LAPLATA
attendir n please within	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Dearning To Support Collaboration  Collaboration  ONSET AND DEATH
by the it. Thei iy event	Canditions, it any, which) (b) Premoderate. 7 months gestion 31 hrs.
signed if perm nd in ar	gave rise to immediate cause (a), stating the under-lying cause last.
physicio as been al-trans aval, ar	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES NO
icate horing ar rem	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
l ar atte is certif use as l matian,	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m.  p. m.  19  20d. INJURY OCCURRED While at wark at
haspita After th hed for rial, cre	21. I certify that I attended the deceased from 29 2000, 1960, to 30 200, 1960, that I last saw the deceased alive an 30 200, 1960, and that death occurred at 9'25" M, from the causes and an the date stated above
by the ECTOR: e detac or ta bu	ACTUAL SIGNATURE: M.D. LA PLATA, M.D. 30 Sune 6
hauld b	PHYSICIAN'S ARTHUR O. WOODDY
FUNER Oge 3 s Ne regist	22c. NAME OF CEMETERY OR CREMATORY  Partial 7/2/1960  22c. NAME OF CEMETERY OR CREMATORY  Partial 7/2/1960  22c. NAME OF CEMETERY OR CREMATORY  Partial 7/2/1960  Rock Point , Charles Co. M.
A15 (4)	23. FUNERAL DIRECTOR SIGNATURE ADDRESS 240. REGISTRAR 246. REGISTRAR'S SIGNATURE
A 9/SB	Archart Funeral Home, Inc La Plata, Md. DATEJUL 7 '60 anthon S. Kinns



685 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06820 Page 4 should be Reg. Dist. No. necessary, please 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY Q. STATE b. COUNTY MARYLAND CITY OR TOWN III outside configrate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OF TOWN (If ourside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not its hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARMS King Charles Motel YES NO NAME OF Middle DATE Month Day funeroi Year for your DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 8. DATE OF BIRTH Months Days Hours Min. WIDOWED [7] DIVORCED T yrs. and 3 ta 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Retired Bldg. Construction New York City . N. Y. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Lappe Teresa Radley Poges Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 10de Parkway 16. SOCIAL SECURITY NO. 17. INFORMANT Iff yes, give war or dates of service) Give Unknown 084-01-2418 Mrs. Katherine J. Heuer Scarsdale NEW York 18. CAUSE OF DEATH | Enter only one cause per line for lo), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Scherosis Canditions, if ony, which in pencil gove rise to immediate cause DUE TO (o), stating the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CATION PERFORMED? YES T NO W 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) writing the word 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote) foctory, street, office bldg., etc.) Hour Not while o. m. at work ot work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection 14 Inquiry in ond find that death resulted from Natural causes -1. Accident Suicide Homicide , Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER FOLWAR NAME (Type) 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22d. LOCATION (City, town, or county) (Slote) Kenisco Cemetery Weschester , New York 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR VS. A15ME(5) '60 arthur & Thous JUN 8 rehart Funeral Home Inc. - la Plata DATE 5M 9/55

O DEPUTY



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6851 **CERTIFICATE OF DEATH** Reg. Dist. No. with director The law requires that the death certificate be executed within 24 haurs ofter death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY be filed b. COUNTY MARYLAND funeral b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate Jimits, write RURAL and give nearest town) BURAL and give nearest town) should La d. NAME OF HOSPI OR DESTITUTION in haspital, give street address), d. STREET ADDRESS NAME OF First Middle 4. DATE Manth DECEASED campletely filled (Type ar print) DEATH 7. MARRIED NEVER MARRIED B. DATE OF BIRTH S. SEX 6. COLOR OR RACE 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Male Months DIVORCED | WIDOWED [ 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during mast af warking life, even if retired) and UDC 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician homa haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address attending CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the DUE TO à any Candilians, if any, which gned gave rise to immediate DUE TO cause (a), stating the underond lying cause last burial-transit ar attending physician certificate has been CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. remaval, 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 9 20c. TIME OF INJURY Manth, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day. Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) a. m. While Nat while at wark at wark 21. I certify that I attended the deceased fram. that I last saw the deceased alive on and that death accurred at 11:53 M, from the causes and on the date stated above ed by the RECTOR: det ADDRESS (Street, city or town, state) ACTUAL pe SIGNATU Pri 3 shau PHYSICIAN'S registrar NAME (Type) O FUNER 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) page REMOVAL (Specify) the

ADDRESS

06821

e. IS RESIDENCE ON A FARM? YES NO

Year

1960

Day

Haurs

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

(State)

PERFORMED? YES NO

(State)

Days

(Caunty)

24b. REGISTRAR'S SIGNATURE

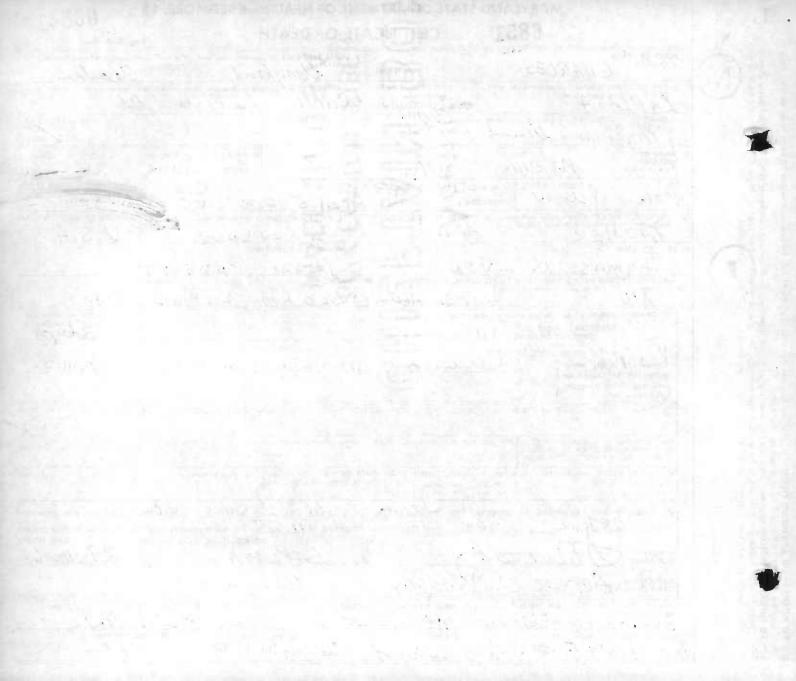
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24a. REC'D BY REGISTRAR

'60

VS A15 (4) 1SM 9/SB

23. FUNERAL DIRECTOR'S SIGNATURE



TO FUNER

VR A15 (4) 1SM 9/59

CERTIFICATE OF DEATH

06822

	5852	)	CERTIFICA	VIE.	OF DEATH						~
1. PLACE OF DEATH				2. 1	USUAL RESIDENCE (W	here deced			n: Residenc	e before ad	mission)
) a. cookii Ch	arles		MARYLAND		Maryla	nd	b	. COUNTY	Cha	rles	
b. CITY OR TOWN ( RURAL ond give n	If outside corporate limits, w	rite	c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (IF	outside cor	porate lin	nits, write RU	RAL ond g	ive nearest t	own)
Hughesvi	lle		Life	1	Hughesvi	lle					
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in haspital, give s	treet a	ddress)	1	d. STREET ADDRESS					0	RESIDENCE N A FARM?
3. NAME OF DECEASED	First		Middle		Last	4. DATI		Month	1	Day	Year
(Type or print)	William		J.		Lyon	DEAT	Н	Jun	e	13	1960
S. SEX	6. COLOR OR RACE 7.	MARRIE	ED MEVER MARRIED	8. DA	ATE OF BIRTH			E (In years birthday)			NDER 24 HRS.
Male	White wit	OOWE	DIVORCED [	No	v. 23, 188	7	72	yrs.	Months	Doys Ho	urs Min.
10a. USUAL OCCUPATI	ON (Give kind af work done king life, even if retired)	10b. K	IND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (State	or foreign	country)	/	12. CITI2	ZEN OF WH	AT COUNTRY?
Merchant	king me, even it remout	De	pt. Store		Maryland				U	J.S.A.	
13. FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME					
G.Webster L	yon				Mary Agn	es Du	dley				
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		OCIAL SECURITY NO. 17.	INFOR				Addre	955		
No	(in yes, give won or dures or service)		7-32-0632 Mr	S.	George Mat	thews	, Hu	ghesvi	lle,	Maryl	and
18. CAUSE OF DE	ATH [Enter anly one cause	per line	far (a), (b), and (c).]							INTERVA	L BETWEEN
PART I. DE	ATH WAS CAUSED BY:	FNE	EURYSM H	80	OMINIAL I	FOR-	TA.			4-40	5. 2/1004
451	DUE TO		7	34.4	,				1000	7	
Conditions, if	iny, which ) (b)	)155	SECTING RUI	OTI	RE HOR	TIC 1	TWE	URVS	NI	12.	boure
gove rise to	immediate ( DUS TO		710		1		1100	Un you			
couse (a), stating lying couse lost.	The Under-	56	NERALIZEN	1-	PRTERID-S	CLE	ROSI	S		12.0	ICARS
Z PART II. OT	HER SIGNIFICANT CONDITION	ONS CO	ONTRIBUTING TO DEATH BL	TON T	RELATED TO THE TERM	INAL DISE	ASE CON	DITION GIVE	N IN PART		AS AUTOPSY
PART II. OT		-									RFORMED?
	AS UNDERLYING - 206	DESC	RIBE HOW INJURY OCCURE	ED. (Er	nter nature of injury in	Part I or I	Part II of i	tem 18.)			
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	MEDICAL EXAMINER)			-							
3 20c. TIME OF INJU	RY Month, Day, Year 2	20d. IN	JURY OCCURRED 20e.	LACE	OF INJURY (Hame, fare	m, 20f. (C	ity or tov	vn)	(C	ounty)	(Stote)
Hour a.m.		Vhile t wark	INDI While	octory,	street, affice bldg., et	c.)			-		
	at (I) (this haspital) at			SF	ESTEMBED 10	47 .	- line	e 13	106	/> sh-s /	l) (we) last
						6				,	, ,
22a. SIGNATURE	sed alive an VONE		19.60, and that	aeari	accurred dif	_/w, fra	m the c	auses and	an the	aare sta	22b.DATE
2-	P. 41	4	, Solan	M.D.	ATTENDING NO	AED.	STA			1.1	SIGNED
22c PHYSICIAN'S	and In to	1-6	The same	M.D.	22d. ADDRESS	TRECTOR		, J. [_]		- Sert 1	2/60
NAME (Type)	John H. Grif.	fin			Hughesvi	lle,	Mary	land			
23a. BURIAL, CREMATIO	ON, 23b. DATE THEREOF		23c. NAME OF CEMETERY	OR CR	EMATORY	23d. LO	CATION (	City, town, or	r county)	1	Stote)
Bunal (Specify			St Marys					own, M			
24. FUNERAL DIRECTOR			ADDRESS		25a. REC	D BY REG	_	25b. REGIS			
	Funeral Home	, W	aldorf, Maryl	and		UN 2 0					
		-			DAIL OI	UI EU	מם	-	thun g	Hance	

history and a . . . . or each appropriately property and the state of the oun III, testifica

ICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY o. STATE b. COUNTY ARLES b. CITY OR TOWN (It outside corporate c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LYCZYS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? O. BOX 130 -NANJEM YES NO NAME OF 3. First Middle 4. DATE Year (Type or print) DEATH 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Days Min. WIDOWED D DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Give 2d. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse DUE TO (a), stoting the underlying couse lost CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NO I 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) Month, Day, Year 20d. WJURY OCCURRED \$20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY i 20f. (City or Joy (County) (State) factory, at work of work 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inquiry , and find that Inspection death resulted from No Accident . Suicide J Hamicide toral causes Undetermined cause RECTOR DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER FOLMOR NAME (Type) cute 220. BURIAL CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Celar Hil ADDRESS 317 PA. AVE, S. & DC3 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE 5M 9/55

DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

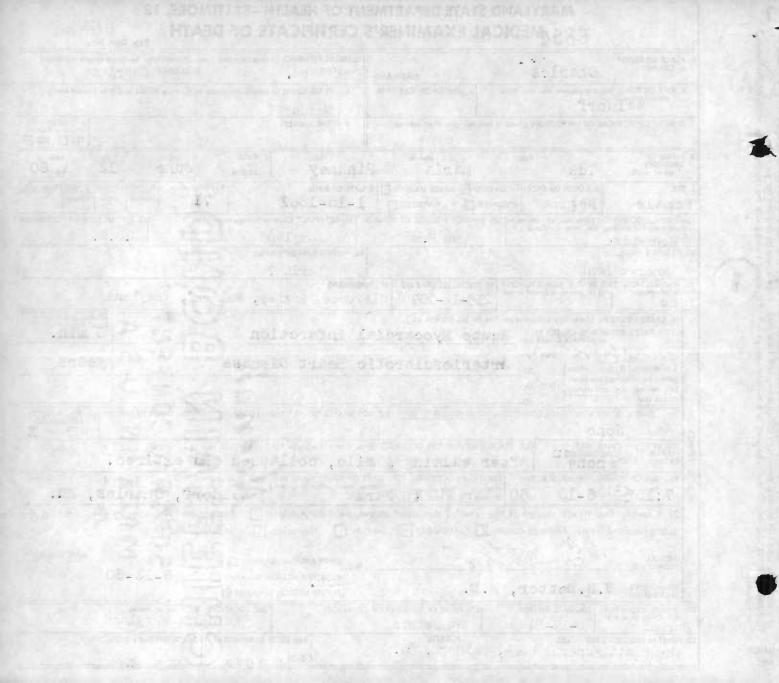
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THE SHEET OF CASH SHARES AND AND ASSESSED.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 685 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06824 Reg. Dist. No.

o. COUNTY	Charles		MARYL	AND	o. STATE Md		osed lived. If Institu b. COUNT	or Char		
b. CITY OR TOWN (III and give peared town Wald	f outside corporate limits, write Po <b>rf</b>	RURAL	c. LENGTH OF STAY II	N 1b	c. CITY OR TOW X Waldo		rporote limits, write	RURAL and	give n	nearest town)
d. NAME OF HOSPIT	TAL OR INSTITUTION (	f not in t	nospital, give street address		d. STREET ADDR					e. IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print)	Ida	af .	Maria Maria	Pi	inkney	4. DATE OF DEATH	Jun		13	19 60
s. sex Female	6. COLOR OR RACE Negro	7. MAR WIDOW	RIED NEVER MARRIED  /ED DIVORCED		ATE OF BIRTH 1-15-188	9	9. AGE (In years last) hday) yrs.	IF UNDER Months	1YEAR Days	IF UNDER 24 HRS. Haurs Min.
10a. USUAL OCCUPATION  during most of workin  Housewife  13. FATHER'S NAME		done 10b	Own Home		Mary	land	country)		ZEN O	F WHAT COUNTRY
Andrew I					4. MOTHER'S MAIC					
IS. WAS DECEASED EV (Yes, no. or unknown) NO	ER IN U. S. ARMED FO (If yes, give war or dates of	service)	6. SOCIAL SECURITY NO. 219-16-1096		ormant rence Pin	kney, W	aldorf, M		nd	
	TH [Enter only one cau TH WAS CAUSED BY: IMMEDIATE CAUSE (o)		e for (a), (b), and (c).] ute Myocar	dia.	l Infarc	tion			одзі 5	RVAL BETWEEN ET AND DEATH
Conditions, if or gove rise to immed (a), stating the couse lost.	diale couse	Ar	teriosclero	otic	Heart	Diseas	e		у	ears
PART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE	TERMINAL DISEA	SE CONDITION GIV	EN IN PAR		P. WAS AUTOPSY PERFORMED? YES NO X
PART II. OTH  NO  20g. EXTERNAL CAL PRIMARY Gr COT CAUSE OF DEATH.	NITRIBUTING		BE HOW INJURY OCCURR  r walking				ll of item 18.) and ex	pired		
20c. TIME OF INJUI	RY Month, Day, Yea 6-13 196		ile Not while of work 1	PLACE foctory	, street, affice bldg	. elc.)	ldorf,	Charl		(State)
deoth resulted			remoins described  Accident ,	obove Suicie			Inspection		y 🔼	, and find that
ACTUAL SIGNATURE EXAMINER'S NAME (Typo)	J.B. Dettor	er.	.D.		ASSITANT M	AL EXAMINER [ EDICAL EXAMINER	ER _ 6	-13-6	0	DATE SIGNED
22a. BURIAL, CREMATIO REMOVAL (Specify) Burial	0N, 22b. DATE THEREO	F	St Peters	Y OR C	REMATORY		ATION (City, town, aldorf, N		nd	(State)
23. FUNERAL DIRECTOR The Huntt		me,	Waldorf, Md.			REC'D BY REGIS		STRAR'S SIG		RE



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RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 6856 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) director. P. vour files. a. COUNTY b. COUNTY MARYLAND Maryland Geo's b. CHY OR TOWN (if outside exporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brandywine NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? River Bridge Patuxent YES NO 3. NAME OF Middla 4. DATE Month DECEASED (Typa or print) 1960 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) DIVORCED WIDOWED 3, 1912 Oct. BIRTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT COUNTRY? Tobacco Farming ---- Own Farm Maryland U. S. A. 13. FATHER'S NAME Give Pag 14. MOTHER'S MAIDEN NAME Charles L. Richardson Alma Canter 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yas, no, or unkown) | (If yas giva war or datas of servica) along with faransit permit Marie Louise Richardson-Brandywine, Md. 18. CAUSE OF DEATH [Enter only one cause por line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: " in pencil i Office alon IMMEDIATE CAUSE (a) DUE TO Condition. if any, which gava risa to immediata causa DUE TO (a), stating the underlying uld be used cremation, o causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO [ 20a. EXTERNAL CAUSE WAS plnods 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20a. BLACE OF INJURY (Homa, farm, 1 (County) factory, street, office bldg., atc.) Not While While at work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry -Inspection L Suicide . death resulted from: Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street, city, town, or county) 22a. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Paul's Cemetery | Baden, 240 g Burial 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE DATE JUN 1 4 '60 VS. A15ME Upper Chilling S. Flrance Ritchie Bros. Fun'l Home-Marlboro. 5M 7/59

depie forther about one ment of the ALLE THE STATEMENT , or on long - 2 little ing . nor a literal

CERTIFICATE OF DEATH 6857 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate timits, write RURAL and give nearest town) RURAL and give nearest fewn) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE RFO#2 LaPlata OR INSTITUTION ON A FARM? YES NO NAME OF First Middle 4. DATE Louis Month Doy Year DECEASED JAMUS Thomas 1960 DEATH June (Type or print) 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SFX B. DATE OF BIRTH 9. AGE (In years Months DIVORCED [ WIDOWED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? turing most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CAMBELL Frederick SLATER ane 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT :5521 Mn Rebecca SLATER Struct Hz LaPlat 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Teart Failure DUE TO Arteriosclerotic Heart Disease Conditions, if ony, which gave rise to immediate DUE TO couse (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (State) (County) factory, street, office bldg., etc.) Hour a.m. While at work at work 21. I certify that I attended the deceased fram O AU \_\_\_that I last saw the deceased alive an \_, and that death accurred at M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S 152 11 01/20 NAME (Type) FUNE 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Excetaen Ustle 10 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 1SM 9/55 Orllag S. Krous

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DIAGE OF DEATH	685		T - 1101141 - 0010-0140			leg. Dist. No	
o. COUNTY		MARYLAND	2. USUAL RESIDENCE (V	Vhere deceased live	h COUNTY	Charles	
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RURAL ond give	neorest town)	C. LENGTH OF STAT IN 18			illins, write kok.	AL ONG GIVE NE	Grest town)
La Pla	PITAL (If not in hospital, give:	street address)	d. STREET ADDRESS	reek			e. IS RESIDENCE
OR INSTITUTION	ns Memorial		d. Since. Addition				ON A FARM? YES MO
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Do	ay Year
(Type or print)	James	Sylvester	TURNER	DEATH	JUNE	- 25	196
S. SEX	6. COLOR OR RACE 7.	MARRIED 🖾 NEVER MARRIED 🗌	8. DATE OF BIRTH	9. 4		Months Days	R IF UNDER 24 HR
Male	Negro w	DOWED DIVORCED	May 190	4 5	yrs.	nonins Days	nours Min.
10a. USUAL OCCUPA	TION (Give kind of work done orking life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto	te or foreign count	ry)	12. CITIZEN O	F WHAT COUNTR
Farmer	orking me, even in terrical	Farming	Marylan	.d		U.S.	Α.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
Thomas Wil	liam Turner		Harriet Da	y			
S. WAS DECEASED E	VER IN U. S. ARMED FORCES		INFORMANT		Address	s	50.7
Yes, no, or unknown]	(If yes, give wor or dates of service	None	Mary Yates,	Newburg,	Marylan	d	
	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Carcinon	y 1 The	prosto	tec	OIV	ISET AND DEATH
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gove rise to couse (o), stotic lying couse los PART II. C	DUE TO  ony, which immediate ong the under str.  OTHER SIGNIFICANT CONDITI  WAS UNDERLYING  CAUSE OF DEATH FY MEDICAL EXAMINER)  URY Month, Doy, Year on.	DESCRIBE HOW INJURY OCCURRE		n Port I or Port II o	of item 18.)		2 yoan  19. WAS AUTOPS PERFORMED? YES \( \) NO [
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	MARY	LAND	STATE DEPAR	CATE OF			TIMORE, 1		(	836	30
1. PLACE OF DEATH o. COUNTY Cha	rles	850	MARYLAN	2. USUAL RI		ere deceased	d lived. If instituti b. COUNTY	on: Resid	Dist. No lence befo arles	re odmiss	- 17
b. CITY OR TOWN (III RURAL ond give no La Plata	f autside carparate lim arest town)	its, write	c. LENGTH OF STAY IN		r town (If or	utside corpo	rote limits, write R	URAL on	d give nec	rest town	n)
OR INSTITUTION	AL (If not in hospital, one Memoria	_	address)	d. STREET	ADDRESS					o. 15 RES ON A YES PC	IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Fii Will		Middle Clevelar		lost On	4. DATE OF DEATH	June		27	í	Yeor 19 60
s. sex Male	6. COLOR OR RACE	7. MARR	NEVER MARRIED    DIVORCED	/			9. AGE (In years lost birthdoy) 74 yrs.	IF UND Months		Hours	R 24 HRS. Min,
00. USUAL OCCUPATION during most of work Rarmer	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR II		Marylar	-	ountry)		S.A.		COUNTRY
3. FATHER'S NAME Lee Vernon					r's MAIDEN N						
(Yes, no or unknown)	R IN U. S. ARMED FOR If yes, give wer or dates of a	CES? 16.	SOCIAL SECURITY NO.	James Ve	rnon, I	ndian	Head, M		and	2.7	
	TH WAS CAUSED BY:	Lob	ne for (o), (b), and (c).] OAP Pneumor	nia of e	ntire	left	lung		INT	ERVAL BE	DEATH
Conditions, if or gove rise to in couse (o), stoting (	nmediate (	Chr	conic Brond	hitis					У	ear	S
Benign 1	Prostatio	Нур	CONTRIBUTING TO DEATH DETTOPHY V CRIBE HOW INJURY OCCU	with obs	truct	ion &	· Uremia		ART 1(o) 1	9. WAS PERFO YES [	RMED?
	S UNDERLYING CAUSE OF DEATH CAUSE OF DEATH EXAMINER)  Y Month, Doy, Ye	No 1	njury Not while	PLACE OF INJUR foctory, street, of	(Home, farm, lice bldg., etc.	20f. (City		har	(County)	Ma	(Stote)
21. I certify th	at I attended the 30-60		7 7 60	) 19, 19	4:15	M, fran	0	,that and on state)	I last so	w the	decease ed abave
PHYSICIAN'S NAME (Type)	V.B.Dett	or,	M.D.								
PEMOYAL Specify) Burial	6-29-60	OF .	St Pauls	RY OR CREMATORY			ION (City, town, laldorf,			(Stot	e)
3. FUNERAL DIRECTOR'S		ome,	ADDRESS Waldorf, Mar	yland	24a. REC'C	BY REGIST	RAR 24b. REGI	STRAR'S	SIGNATUR	RE	

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